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Center for Relational Excellence
130 N. Conyer Street, Visalia, CA 93291

Policies and Practices to Protect the Privacy of Your Health Information

HIPAA and CONFIDENTIALITY INFORMATION

Effective/Last Revised Date: September 1, 2016

I. THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

II. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

Consultation and Counseling is required by federal law to protect the privacy of your health information, which includes information that can be used to identify you, that I've created or received about your past, present, or future health or condition, the provision of health care to you administered by this agency, or the payment of this health care. I am also required to provide you with this Notice, which explains how, when and why I may "use" and "disclose" that information to others. "Use" of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. You also have rights regarding your health information that are described in this notice.

I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it on my website at www.michaelregier.com. You can request a copy of this Notice from me, or you can view a copy of it in my office.

III. HOW I MAY USE AND DISCLOSE YOUR PHI

I will use and disclose your PHI for many different reasons. For some of these uses or disclosures, I will need your prior authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples.

A) Uses and Disclosures Relating to Treatment, Payment or Health Care Operations Do Not Require Your Prior Written Consent. I can use and disclose your PHI without your consent for the following reasons:

1. **For Treatment.** I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you I can disclose your PHI to your psychiatrist in order to coordinate your care.
2. **To Obtain Payment for Treatment.** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by us to you. For example, I can send your PHI to your insurance company or health plan to get paid for the health care services that I have provided to you. I can also provide your PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims.
3. **For Health Care Operations.** I can use or disclose your PHI as necessary to operate and manage my business and to help manage your health care coverage. For example, I might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. I may also provide your PHI to my accountants, attorneys, consultants, and others to make sure I am complying with applicable laws.
4. **To Referral Sources.** If you are referred through another agency such as your Primary Care Physician, Juvenile Court, DFCS, Psychiatric Hospital, CMHC, etc., I can share summary information with the referral source. In addition, I can share other health information with the referral source for case management purposes if the referral source agrees to special restriction on its use and disclosure of the information.
5. **Other Disclosures.** I may also disclose your PHI to others without your consent in certain situations. For example, your consent is not required if you need emergency treatment, as long as I try to get your consent after treatment is rendered or if I try to get your consent but you are unable to communicate with me and I think that you would consent to such treatment if you were able to do so.

B) Certain Uses and Disclosures Do Not Require Your Consent. I can use or disclose PHI without your consent or authorization for the following reasons:

1. **When Disclosure is Required by Federal, State or Local Law; Judicial or Administrative Proceedings; or, Law Enforcement.** If I have reasonable cause to believe that a child has been abused, I must report that belief to the appropriate authority. If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, I must report that belief to the appropriate authority.
2. **For Public Health Activities.** For example, I may have to report information about you to the county coroner.
3. **For Health Oversight Activities.** For example, I may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. **To Avoid Harm.** In order to avoid a serious threat to the health or safety of a person or the public, I may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
5. **For Specialized Government Functions.** I may disclose PHI of military personnel and veterans in certain situations. I may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
6. **For Workers Compensation Purposes.** I may provide PHI in order to comply with workers' compensation laws.
7. **For Appointment Reminders.** I may use PHI to provide appointment reminders or give you information about treatment alternatives or other health care services or benefits I offer.

C) Certain Uses and Disclosures Require You to Have the Opportunity to Object:

1. **Disclosures to Family, Friends, or Others.** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D) Other Uses and Disclosures Require Your Prior Written Authorization. I may use or disclose PHI for purposes outside of treatment, payment, or health care operations, not described in sections III A, B, and C above, when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I ask for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes I have made about your conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may later revoke such authorizations in writing to the extent that I have not taken any action in reliance on such authorization.

IV. PATIENT'S RIGHTS REGARDING YOUR PHI. You have the following rights with respect to your PHI.

- A. Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that I limit how I use and disclose your PHI. I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.
- B. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may want to receive PHI by email vs. regular mail; you may not want a family member to know that you are seeing therapists. On your request, I will send your bills to another address.
- C. Right to See and Get Copies of Your PHI.** You have the right to inspect or obtain a copy of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your request must be made in writing. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process. Your therapist may also deny access to your Psychotherapy Notes.
- D. Right to Get a List of the Disclosures I have Made.** You have the right to get a list of instances in which I have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003.
- E. Right to Correct or Amend Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request must be made in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is 1) correct and complete, 2) not created by me, 3) not allowed to be disclosed, or 4) not part of my records.
- F. The Right to Get This Notice by E-Mail.** You have the right to get a copy of this Notice by e-mail. You may also receive a paper copy.

V. Complaints

Contacting our compliance department. If you have any questions about this notice or want to exercise any of your rights, please call 559-222-2442. Please specify that your question or concern is in reference to your mental health and/or substance abuse protected health information (PHI).

Filing a Complaint. If you believe your privacy rights have been violated, you may file a complaint with us at the following address:

Compliance Department – Privacy Complaints
130 N. Conyer Street
Visalia, CA 93291

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. **I will not take any adverse action against you for filing a complaint.**

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on September 1, 2016. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain.

VII. Patient's Consent

By signing this form, you acknowledge that you have received our Notice of Privacy Practices and that Michael W. Regier, Ph.D. and the Center for Relational Excellence can use and disclose your protected health information (PHI) in accordance with HIPAA.

Printed Name of Client

Witness

Signature of Client and/or Guardian

Date